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ABSTRACT

Presented are: (1) a review of literature which attempts to define the nature of the adolescent crisis among adopted children; and (2) an attempt to develop a theoretical perspective on adopted adolescents which incorporates a biological-social view of the causes of adolescents' problems. The paper attempts to develop an intervention-guiding model by: (1) analyzing the research on adolescent adjustment among adoptees and adolescents in general; (2) identifying, through a new application of ego analytic theory, the sources of pressure that are unique to adopted adolescents; and (3) positing some social and psychological strategies for minimizing stress created by the identity crisis among adoptees. (RH)

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IDENTITY CRISIS AMONG ADOLESCENT ADOPTEES: NARCISSUS REVISITED

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Adolescence is commonly viewed as a particularly trying time for adoptees and their parents. Surprisingly, however, there is little research to support this contention, and there are some practitioners who feel that there is really no difference between adoptees and biological children during adolescence. Goldstein, Freud and Solnit in 1979 wrote, "Blood lines carry no weight with children who are emotionally unaware of the events leading to their birth" (p.12-13). Kadushin, on the other hand (1980, p.487), writes, "The adopted child faces all the general problems of development encountered by his nonadopted peers. In this sense, he is a child among other children. But, in addition, like the adopted parent, he faces some special problems that are related to the fact that he is an adopted child."

Our experience with adoptive families and a review of the literature lead us to believe that adoptive parents and adoptive children do have a more difficult adjustment during adolescence than do biological children. This difficulty is centered primarily around resolving the identity-versus-role-confusion conflict with which most adolescents contend. This paper attempts to develop a theoretical model for viewing adopted adolescents by: 1) analyzing the research on adolescent adjustment among adoptees and adolescents in general; 2) identifying the sources of pressure that are unique to adopted adolescents, through a new application of ego analytic theory; and 3) positing some strategies to minimize stress created by the identity

crisis among adoptees.

Before presenting our model, however, we wish to present our assumptions about the critical issue of the relative impact of biology and environment upon a developing child. Many times, adoptees and their parents raise the issue of genetically-caused versus socially-determined aspects of growth and development. Recent research conducted in Great Britain, concerning obesity, compared the weight gain of adopted children as opposed to biological children. The preliminary research indicates that genetics may play a relatively large role in the development of obesity. Of course, it is premature to generalize these initial findings to social and psychological development. Yet there is a dearth of literature which attempts to determine whether adoptees' overall psychosocial development is primarily determined by genetics or parenting. Therefore, based upon preliminary empirical research, theoretical writings, and our clinical work, we assume the position that behavior is multidetermined and that the interweaving of genetics and socialization determines the adoptees' development.

The theoretical argument presented in this paper concerning this basis of the adolescent crisis among adoptees is based upon the assumption that the behavior of these adolescents is determined by the interaction of their genetic predispostion, developmental needs and urges, and early life experiences. First, we present a review of the literature which attempts to define the nature of the adolescent crisis among adoptees. Then our model, based upon a biological/social view of etiology, is examined.

ADOPTEES' ADJUSTMENT

Although the feelings of adopted children towards their adoptions have not been systematically investigated, a number of studies have compared the overt adjustment of adopted and nonadopted children. Historically, such studies were ill-designed, often lacking controls, and replete with the writers' biases. Thus, in reviewing the studies of the adjustment patterns of adopted children, Lawton and Gross (1964) reported such inconsistency in methodology between studies that conclusions about adjustment among adopted children could not be reached.

More recently, some well designed studies do indicate special adjustment concerns among the adopted. Some of these studies evaluate the success of adoptive placements and define outcomes ranging from "capable and satisfactory" to "removed and experiencing adjustment problems." Kadushin (1980) cites 20 major agency and nonagency adoption outcome studies from 1924 through 1980. Based upon the referral of adoptive children to mental health services, 72% of the placements were successful, 16% of the children were labeled as having intermediate success, and 12% had very poor adjustments and were unsuccessful. These studies address family characteristics which create stress if the adoptive parents are older, if the marital interaction is characterized by strife, and if the adoptive child is an only child. The acceptance of adoption also impacts upon the effectiveness of the placement.

What is clear from the literature is that adoptees face some unique social pressures by virtue of their adopted status. First, the process of parent-and-child bonding is unique for the adopted. For many adopted adolescents, significant time elapsed between their birth and placement in an adoptive home. This elapsed time can disrupt the natural sequence of bonding and the development of basic trust and security. With the increasing number of placements of older children, the issue of bonding and later adjustment of the adolescent is becoming one of increased concern.

Adopted children are always faced with the possibility of a disruption (removal of the adopted child from the home) of their new family. Based upon his analysis of nine major studies related to failed adoptive placement, Kadushin (1980) concludes that for all adoptions, the disruption rate is 3.1%. These studies were conducted between 1955 and 1970, a period when most placements were made for infants and not for special needs children. With the signing of Public Law, 96-272, the Child Welfare and Adoption Assistance Act of 1980, states and agencies are placing more older and handicapped children in adoptive homes. These children are more likely to encounter a disruption.

Spaulding for Children, a highly publicized placement agency of special needs children, completed between 1968 and 1976 a study of 199 older, handicapped children. The disruption rate was 10.6% (Unger, Dwarshuis, Johnson, 1977). Mary agencies expect disruption rates for special needs children to run approximately 12%. A United States and Canadian study of placement success of 735 developmentally disabled children found a disruption rate of only 8.7%. If the child was

adopted by foster parents the disruption rate was only 4.4%, while the new-family adoption rate was 10%. Age was found to be an important variable for disruption rates as well. Developmentally-disabled children under the age of 7 had a low (3.3%) disruption rate; however, children 8 years and over showed a high disruption rate of 17.7% (Coyne & Brown,1985).

It is estimated that only about 1% of all children in the United States are nonrelative adoptees; however, research indicates that 4.6% of the children in psychiatric facilities are adoptees (Kadushin, 1980). These data are particularly interesting in light of Schechter's (1964) study which examined the tendency of adoptive parents to use pediatric clinics. Schechter (1964) concluded that adoptive parents did not frequent pediatric clinics more than biological parents. Therefore, if adoptive parents use agencies at the same level as biological parents, the 4.6% use of psychiatric facilities may reflect a high frequency of adjustment problems among adoptive children.

Several well designed studies point to greater maladjustment of adopted than nonadopted children. Bohman (1972) systematically sampled 168 adopted children in Stockholm, Sweden. He studied the children's school records, interviewed all parents, and talked with all but five of the teachers. No difference was reported in academic performance between the adopted and nonadopted boys and girls. However, 22% of the adopted boys versus 12% of the nonadopted boys were reported to display significant behavioral problems. A similar, nonsignificant statistical trend was noted between the adopted and nonadopted girls.

A study by Weiss (1984) compared the parent/child relationship of adoptive and nonadoptive adolescents receiving treatment in a Philadelphia psychiatric hospital. Data were collected through review

of the medical records of 140 youth between the years of 1970 and 1979. The adoptive parents were more restrictive in their visits with their adopted children than were parents of natural children. Furthermore, the adopted teenagers were more likely to be hospitalized for serious psychopathology than the teenagers of natural parents who were typically diagnosed with less serious disturbance.

A parent may be secretive about the child's adoption. The child may then feel he or she is an embarrassment to the family. A classic study shows that telling the child as early as he or she is developmentally capable of understanding about the adoption minimizes this risk (Mech, 1973). Yet some theorists believe the move to open adoptions may be detrimental to the child because the biological parent may then have an impact on the child's environment (Kraft, Palombo, Mitchell, Woods, Schmidt, & Tucker, 1985).

Parents may overestimate the child's ability to understand the adoption process and confuse the child with early discussions of adoption (Brodzinsky, Pappas, Singer, & Braff, 1981; Brodzinsky, Singer, & Braff, 1984). Brodzinsky employed open-ended interviews with adoptive and nonadoptive children in grades 1,3,5,7,9, and 11. The children were interviewed about their knowledge of adoption. Responses were organized into "levels" of understanding the complex adoption process. Children in the first grade could usually differentiate between birth and adoption but had only a vague awareness of a third party serving as an intermediary in the process. Not until children reached the upper elementary years did a majority recognize the role an agency played in the adoption process to assure the mutual rights, needs, and welfare of children and their parents (Brodzinsky, Singer, &

Braff, 1981). Therefore, early telling may be important to diminish anxiety and mystique concerning adoption, but the discussion must be tailored to the child's cognitive development.

The research demonstrates the complexity of adoption and the difficulty of assessing the impact the adoption process has on a given child. For example, adopted boys and special needs children are subject to more adjustment problems than adoptive girls or their nonadoptive peers. But the research is inconclusive on the impact of other variables such as age of parent, socioeconomic status, income, etc. Yet the important question from our perspective is "success of adoption," at what emotional and developmental cost to the child. Besides the fact that adopted children have a much higher representation as clients in mental health services, we have little research to guide treatment.

In summary, the adopted adolescent faces some unique strains by virtue of his or her adopted status. There are unique pressures in bonding to parents with whom one does not share biological traits. Bonding and related issues seem to lead to unique adjustment difficulties among some adoptive adolescents, including disruption of the adoption and increased academic and emotional difficulties.

NORMAL DEVELOPMENT ISSUES

In order to understand the unique adjustment problems of adopted adolescents, it is important to consider the typical stresses of adolescents. The emotional state of many adolescents is well exemplified by the Greek myth concerning Narcissus. Narcissus was a youth of incredible beauty who fell in love with his own image reflected in a pool of water. Because he could never grasp this image, he eventually pined away. The gods, feeling sorry for him, named a

fragile flower "narcissus" in his honor, to remind all of his futile search for ultimate beauty.

Narcissus was misguided in in efforts because he had not recognized that energy invested totally in oneself does not lead to more enduring meanings. The story of Narcissus, in a symbolic sense, parallels many of the struggles of the typical adolescent. During adolescence, dramatic physical, social, and psychological changes lead to enhanced power which the teenager must harness for his or her own good and for others' betterment. As outlined below, changes in any developmental dimension may lead to excessive, nonproductive self-preoccupation. This may be a major challenge for the teenager and his or her parents to resolve.

Rapid changes in physical growth can cause stress for many adolescents. Their coordination may be awkward as their extremities grow in rapid spurts, and they may become self-conscious regarding this awkwardness. Too, adolescence is a time of rapid development of secondary sexual characteristics. Most teenagers are enthralled by their new beards, low voices, and shapely figures; but, for some, these changes occur so rapidly that difficulty is experienced in integrating them with their concepts of their "ideal" physical selves. Some teenagers are intimidated by the foreboding of responsibilities that their new mature looks imply. Their emerging sexual awareness is exciting, but many teenagers are awed by the powerful forces within them which they feel they cannot control. As a consequence, some teenagers appear totally absorbed by the other sex, while others seem totally concerned with avoiding sexual encounters. In sum, most teenagers are preoccupied with their physical selves. They spend many

hours preening in front of mirrors, and the majority are extremely self-conscious about their appearances.

Teenagers also must address new changes in regard to social dimensions of their lives. Adolescence is a time in which society begins to demand of young people that they assess their roles in society and begin to consider what careers they will choose. Yet, in our technological society, there are limited employment opportunities and few avenues for expression of their competencies. Many adolescents feel that they cannot contribute meaningfully to society. Although it appears they are always busy, they complain of being bored, for they feel that theirmany activities lack meaning. Like Narcissus, they become preoccupied with themselves as a way of seeking redress for their frustrations.

Compounding these difficulties on the physical and social level, adolescents encounter tremendous psychological changes. The development of their cognitive abilities begins to stabilize their identities, deepen their interests, expand their caring, and humanize their values. However, these cognitive feats are not accomplished without effort. Their emotions soar to elation with each new awareness and mastery, but their feelings are as likely to sink to despair if they do not achieve their goals. They can talk endlessly about their thoughts and ideas as if they were rediscovering the meaning of the world without any reference to the masters of the centuries. On the other hand, sometimes they may not discuss issues with their parents and others whom they view as authority figures because they are so sensitive to criticism. Teenagers may speak on the phone for hours on matters that seem trivial to adults; but, in fact, these discussions are a critical way of their identifying their personal meanings in life. For the adolescent who is undertaking this personal search, other responsibilities, such as school work, doing chores, feeding pets, and taking care of younger siblings pale in comparison.

In sum, the identity crisis of the typical teenager is a time of intense sensitivity, emerging power and awareness, and much narcissism. Again, by narcissism we mean gratification for, contemplation of, and preoccupation with the self. To some degree we can view narcissism as a reenactment on a sophisticated level of the narcissistic behavior of the newborn, as will be explained in a later section of this paper.

DEVELOPMENT OF THE ADOPTED ADOLESCENT

All adoptees who reach adolescence encounter the struggles we have just outlined. However, for many of them, there is a special fervor in their search for identity, a magnification of the typical adolescent

narcissism.

According to the Diagnostic and Statistical Manual III (American Psychiatric Association, 1980), the narcissistic personality can be identified by five primary traits. First of all, narcissistic adolescents focus on their own self-importance, at times to grandiose proportions. They exaggerate their talents and their achievements as well as their needs and problems. Secondly, they may be characterized by a constant need for attention, preferring positive attention but settling for negative attention rather than none at all. The need for approval or admiration cannot seem to be quelled. Thirdly, their emotions swing to extreme proportions so that they often seem isolated and difficult to reach. At one moment they may express a cold indifference: at the next, moment a feeling of rage, inferiority, shame, humiliation, or emptiness. These swings may be prompted by relatively minor events, since even a minor correction may be perceived as an attack. Fourthly, they may express feelings of entitlement--that is, the expectation of special favors without assuming reciprocal responsibility. Surprise and anger may follow when people do not do what they want or expect. Finally, interpersonal exploitation may become pronounced, so that they seem to be concerned with others only to meet their own advantage. They may try to indulge their desires by rejecting empathy and expressing an unwillingness or inability to recognize what others feel. Other people, especially parents, tend to be seen in absolute terms that alternate between over-idealization and devaluation.

Masterson (1981), a national expert on narcissistic disorders, adds that among the overly narcissistic youth we often see the

expectation of "perfect mirroring." Narcissistic adolescents assume that the parents will understand exactly how they feel at all times. They expect their parents never to hurt their feelings. The study by Brodzinsky (1981) cited earlier stressed that many adopted adolescents become preoccupied with fantasies of finding their biological parents. What they may be seeking in their search for the natural parents is the "perfect mirror," the feeling of being perfectly understood by a person who will never hurt their feelings.

All of these characteristics may bring the families of adoptive teenagers to seek special clinical assistance. It is not that the parents view their teenagers' behavior as bizarre, but that the parents find it most difficult to communmicate and relate to their teenagers.

ETIOLOGY OF ADOPTEES' NARCISSISM

While narcissistic behaviors may be seen in all teenagers, the additional stresses which accompany adoption may lead the adoptee to more difficulties than nonadoptees. We propose that the etiology is twofold: 1) a disruption in the normal bonding process and 2) a disruption of a healthy identity formation.

Disruption of Normal Bonding. The ego analytic literature (Mahler, 1968) espouses the concept that children are born in an almost totally narcissistic state: Their existence centers on meeting their needs for comfort, for control, and for physical nutrients. When the newborn child's need for nutrients are met, he or she begins to bond to the individual meeting these needs. Newborns quickly learn to reciprocate what is shared with them by offering their caretakers their most prized gifts--their smiles, coos and cuddles. In other words, they offer themselves. In time, the narcissistic and egocentric newborn a social being who revels in mutuality with the caretaker. When this symbiosis of giving and receiving satisfies both the baby and caretaker, the baby gradually develops a sense of security. By age two, the child is an autonomous individual with a healthy sense of investment in self (narcissism) and in others. If the process of bonding and attachment followed by gradual separation is disrupted, the movement from total narcissism to healthy narcissism combined with mutuality is impeded.

A number of factors make the probability of disrupted bonding more likely among the adopted than the nonadopted child. As mentioned earlier, most adopted children are not available for adoption immediately after birth. There may be a few weeks to many years of interim caretaking before the child is adopted. Moreover, there is an

emerging body of literature suggesting that attachment may occur even before the birth of the child. For example, it has been noted that the newborn may track the mother's and father's voices more than those of other adults (Fagan, 1971; Thomas & Chess, 1980). According to the tenets of ego analytic theory, a disruption after a few weeks of life can be enough to block or impede the normal attachment processes.

Secondly, in examining why there may be greater propensity for bonding disruption among adopted than nonadopted children, there is emerging research which suggests that an essential part of bonding is congruence between the primary caretaker's temperament and the child's temperament. Thomas and Chess (1980) state that if there is an incongruence of temperament between biological parents and child, the potential for bonding difficulties increases. For example, a hyperactive child and an anxious mother are likely to experience problems in relating to each other; while an anxious mother and a calm child, or a calm mother and a hyperactive child, have less potential for bonding conflict. It seems possible that the potential for bonding conflict due to temperament clashes may be exacerbated when children are placed with adoptive families because in adopted homes there is less genetic material in common and therefore a greater possibility of genetic/temperament incompatibility.

The theoretical material concerning bonding provides a background for understanding the critical issue at hand--the narcissistic problem of the adopted adolescent. We suggest that the developmental issues of adolescence prompt a return among all teenagers to an earlier narcissistic state. Once again, but in more sophisticated fashion, the teenager must learn to make meaningful commitment to self and others.

If there were early conflicts in bonding and concomitant difficulty in managing narcissistic energy, adolescence prompts an exaggeration of the narcissistic state and an inability to transform the narcissism into more profound relationships.

DISRUPTION OF IDENTITY FORMATION The disruption in identity formation is a second factor that may spur adjustment difficulties among adopted adolescents. Their adjustment difficulties may reflect their desire for an identity in the world. In part, teenagers' identities are formulated by identification with parents and by juxtaposing themselves to their roots. Young adolescents see themselves as links in their biological families' genealogical chains. However, most adopted adolescents know little or nothing about their biological parents or about their roots. Frisk (1964) stated that the adoptee's "genetic ego" is replaced by a "hereditary ghost." In the case of transcultural adoptions, a "cultural ghost" may also complicate healthy identity development. This frustration in forming their identities leads to "interference" that can escalate to major behavioral problems such as acting out against teachers, parents, and other adult authorities.

The identity crisis of adolescence can stimulate specific concerns regarding the biological family. Healthy children learn to accept their parents as both loving and rejecting; however, adopted children have two sets of parents. The adopted adolescent, with renewed interest about his or her biological family, may discriminate these sets of parents along the lines of "loving" and "rejecting." The adolescent may envision that one set of parents assumes all the negative parental attributes while the other set assumes all the positive ones. Adoptees often idealize the unknown biological parent. Yet, at some level, the adoptee knows that these are the parents who gave the child up for adoption. The fragmentation in perception of the biological and adoptive parents can be a large impediment to developing a sense of identity built upon acceptance and association with both one's biological and one's adoptive roots.

STRATEGIES TO MINIMIZE STRESS

What can we as professionals and parents do to minimize these problems? First, some social strategies will be addressed and then some psychological strategies will be presented.

Social Strategies. A major issue is how parents and others should present and discuss the teenager's adopted status. McWhinnie (1967) interviewed adoptive adults concerning their feelings as teenagers. These adoptive adults agreed that they did not want their adoptive status shrouded in secrecy. However, they did not want constant reference made to it. They wanted an ambiance in which their adopted status was acknowledged without embarrassment and then somewhat "forgotten" so that they were treated exactly as if they were biological sons and daughters. They were emphatic that they did not want to be introduced as adopted children. They wanted to belong to a

family in which they were fully accepted as sons or daughters.

Beginning with Mech's work in 1967 (Mech, 1973), theorists have urged parents to tell children at a young age about their adoption. As discussed previously, this early telling must be tempered by an understanding of what a child can comprehend (Brodzinsky, et al.,1981).

Emerging literature suggests that during early adulthood, records should be completely opened to the adoptee. Adopted adults' painful stories recount their search and, usually, their successful reunion with the biological parents. These stories help document that healthy identity formulation is best served by open records.

These open records may be a critical key to establishing roots beyond the adoptive family. The more adopted children know of their past, the more that past is demystified. Demystifying the past helps prevent the children from creating false fantasies regarding their biological parents, such as seeing the biological parents as all good and all knowing and the adoptive parents as "negative". Open records can help counter the child's feeling of being different or of "bad blood." Of course, adoptive parents must always be prepared to deal with the child's feelings of rejection by the biological parents. A positive yet realistic knowledge about the biological parents can help obviate feelings that the biological parents actively rejected the child.

Another social strategy for minimizing stress among adopted adolescents centers around the parents' interaction with teachers, social workers, friends, etc. The parents of an adoptee can help other adults to become sensitive to the adoptee's feelings regarding his or her struggle for identity. Significant others in the adoptee's life

should be made aware of the tremendous personal struggles that the adopted adolescent may experience. Of course, care must be taken not to create a self-fulfilling prophesy by leading others to expect and inadvertently stimulate problems among adopted adolescents.

One method of alleviating or at least reducing adoptees' feelings of being different and isolated is the use of peer-group sessions led by professionals knowledgeable about concerns of the adopted. In these groups, issues of identity formation, the lack of biological roots, and the labeling of adoptive children by other children can be explored. At the same time, adopted children can gain emotional support by discovering that their feelings are shared with approximately half a million other people in the United States. In an informal manner, adoptive family organizations and social functions also communicate the message that adoption is not unusual and that having special concerns about being adopted is to be expected.

Strategies must be developed for changing social policies, laws, and regulations regarding the adoption process. In particular, dealing with adoptive families, public and private agencies must come to grips with a crucial issue: Who is the client? Is the client the adult who cannot have children? Is the client the abusive parent who cannot provide a safe environment for the child? Is the client the social worker, the doctor, the attorney? Is the client the unmarried girl who cannot raise her baby? Or is it the child who seeks a new permanent legal home where he or she can grow to full potential. If the client is indeed the adoptive child, then, based upon the premises proposed in this paper, the policy question of whether records should be opened is clearly answered.

Psychological Strategies. The strategies for dealing with the

psychological problems of the adopted adolescent are based upon two premises. First, the adopted adolescent may have special concerns by virtue of his or her being adopted. Second, adopted children often need help to work through earlier unmet needs and to channel their narcissistic energy properly.

In accord with these assumptions, it is important to maintain firmness and control. Often, the families we have worked with have found it helpful to maintain a routine with structured tasks for their

troubled adopted adolescents. Achieving this goal is a delicate operation for parents and social service personnel, because most adolescents resent and resist firmness and control, particularly if they are highly self-preoccupied. However, this approach is necessary to move the distressed, adopted adolescents from extreme self-absorption. Significant others need to encourage and shape empathic, giving behaviors. Discipline is a way of saying to the adopted adolescent that he or she is expected to cooperate and help others. Firmness and control combined with cooperative behavior can bring an adoptive adolescent out of his or her self-centeredness. After some time, he or she will begin to feel reinforcement from being more cooperative with others. Of course, the firmness must be provided without being critical of the teenager. Adolescents who are overly preoccupied with themselves and overcome with self-doubts find any criticism deeply attacking. They are then likely to reject others' messages completely.

It is also important to help adopted adolescents talk about themselves. Parents and other significant adults must monitor their lecturing and assure that the teenagers have the opportunity to present their viewpoints, particularly concerning their adoption. In fact, any self-expression should be encouraged. As the adolescent expresses himself or herself, the isolation and self-preoccupation is diminished.

Finally, individual and/or family counseling can be helpful in assisting the troubled adopted adolescent to understand the sources of his or her distress. The adolescent can better handle the felt distress when the special strains he or she has encountered are made clear.

SUMMARY

In summary, the task of forging an identity presents critical challenges to most adolescents and their families. In one way or another, every adolescent asks the questions, "Will I make it in the world as a worthwhile, individual?"and "Will my life have some meaning?" Adopted adolescents' resolution of these questions is rendered more difficult if they have experienced bonding disruption and/or if they have not reconciled feelings about their adoption and connections with their biological and adopted parents. It is a major challenge to transform the energy of the identity crisis of troubled adopted adolescent into constructive, prosocial behavior. The unique struggles of the adopted adolescent are captured well by the words of Herman Melville (1851, p.64) in Moby Dick (see Bartlett, 1980): "And still deeper the meaning of that story of Narcissus, who because he could not grasp the tormenting, mild image he saw in the fountain, plunged into it and was drowned. But that same image, we ourselves see in all rivers and oceans. It is the image of the ungraspable phantom of life; and this is the key to it all."